MATTERS ARISING

Sexually transmitted diseases in rape victims

I was interested to read of the experience of S Estreich *et al*[1] in the screening for STDs in women who have been raped. However, I was very concerned at the suggestion of using the findings of such screening tests as medicolegal evidence.

Jenny *et al*[2] have found that pre-existing STD was common (43%) amongst women alleging rape (although their assumption that infection diagnosed within 72 hours of rape indicated pre-existing infection is contentious). At the St Mary's Sexual Assault Referral Centre in Manchester it was found that sexual activity in the 3 months prior to rape was the highest risk indicator for a STD detected following rape.[3] Only in exceptional circumstances can the acquisition of a STD be attributed to rape with the certainty required to be considered as evidence. At the St Mary's centre, where both forensic and genitourinary screening tests are carried out, I have decided against using the results of STD screening as evidence, as, given the high rate of pre-existing infection in rape victims the presentation of these results in court is more likely to discredit the witness than support her case.

If the inclusion of STD screening in support of a victim's case becomes commonplace then counsel for the defence could routinely request the judge to overrule the 1974 venereal disease regulations act. This can only be to the detriment of all women who seek the reassurance of screening following rape.

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1 Estreich S, Forster GE, Robinson A. Sexually transmitted diseases in rape victims. *Genitourin Med* 1990;**66**: 433–8.
2 Jenny C, Hooton TM, Bowers A, *et al.* Sexually transmitted diseases in victims of rape. *N Engl J Med* 1990; 322:713–6.
3 Lacey H. STD and rape. The experience of a sexual assualt centre. *Int J STD & AIDS* 1990;1:405–9.

Preventing neonatal herpes?

The recent editorial on preventing neonatal herpes[1] highlights the lack of consensus in the United Kingdom over the management of women with genital herpes during pregnancy. The suggestion of acyclovir suppression for pregnant women at risk of recurrent genital HSV in the last few weeks of pregnancy failed to address the issue of asymptomatic viral shedding whilst on suppressive doses of acyclovir.[2] The infectivity of the virus shed whilst on such doses is not known. Because shedding does occur, albeit in a small proportion of those treated, acyclovir suppression cannot be used as a substitute for screening women at risk by viral culture from multiple genital sites during the last few weeks of pregnancy if we are to minimise the transmission to the neonate.

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1 Mercey DE, Mindel A. Preventing neonatal herpes? *Genitourin Med* 1991;**67**:1–2.
2 Bowman CA, Woolley PD, Herman S, Clarke J, Kinghorn GR. Asymptomatic herpes simplex virus shedding from the genital tract whilst on suppressive doses of oral acyclovir. *Int J STD & AIDS* 1990;1:174–7.

Mercey and Mindel reply:
Unfortunately, viral culture gives information which is at best one week old and for this reason has largely been abandoned. Acyclovir suppression during the last few weeks of pregnancy should be used only as part of randomized, blinded, carefully monitored trials.

BOOK REVIEWS

Atlas of Sexually Transmitted Diseases. Edited by SA Morse, AA Moreland, SE Thompson (Pp 292; £85). New York, London: Gower Medical Publishing, 1990. ISBN 0-397-44663-2.

This is a first-class atlas providing an easily accessible overview of the sexually transmitted diseases. The photographs are of good size and, although there is the very occasional out of focus shot, by and large the quality is excellent. A few of the pictures are not prime examples of the condition portrayed—I have seen better "pearly penile papules" and rather more representative Gram stains of bacterial vaginosis. However, this really is nit-picking. The layout of the text is "reader friendly"—it is unusual for text to make up more than half a page and there is liberal use of tables, which are relevant and well presented. The sections on epidemiology make sensible use of graphs and bar charts. Disease prevalences are restricted to the USA and the latest figures shown relate to 1987 or 1988. As one would expect from an atlas of this calibre, the chapter on non-venereal dermatoses is well presented and illustrated. A strong emphasis has been placed on pathology and laboratory diagnostic techniques which is particularly useful for the "pure" clinician; however, in some places this proves a little too detailed. For example, the section on bacterial vaginosis contains a lot of detail on *Gardnerella vaginalis* isolation and identification. Recommendations for therapy are not always in keeping with practice in the United Kingdom but then this is not the prime purpose of a book such as this. Bibliographies at the end of each chapter contain a short but well chosen list of references with journals featured up to 1988.

The authors have well succeeded in their attempt to "provide a comprehensive pictorial account of sexually transmitted diseases." The text inevitably lacks in detail and for those more advanced in their genitourinary medicine training there would be a need to consult one of the more weighty less glossy tomes. This atlas certainly deserves serious consideration for a place on the clinic bookshelf but I would advise firstly measuring to ensure it will fit (vital statistics—12" × 10" × 1").

CHRIS SONNEX

Topics in clinical dermatology: sexually transmitted diseases. By Tomasz F. Mroczkowski (Pp 404, £96) New York. Pub Igaku-Shoin. 1990. ISBN 0-89640-163-4.

Although the author in his preface anticipates a wide readership for this short textbook on sexually transmitted diseases I strongly suspect that his prime market is that of the American dermatovenereologist who may only dabble in the subject.

As one might expect for a book aimed at a dermatology market the volume is lavishly illustrated and printed on high quality paper (reflected in its price). There is little logical structure to the arrangement of chapters, the book being organised on a disease orientated basis, each chapter dealing with a single disease or group of diseases. Chapters follow a simple formula starting with an overview, epidemiology and aetiology section followed by clinical manifestations, differential diagnosis and treatment. All but the clinical sections are kept to the barest minimum. The discussions are almost entirely from an American perspective, where patterns of disease presentation surprisingly differ from those in the UK, and still seem to predominate in the author's practice ("50% of female clinic attenders harbor trichomonas, most PID is due to gonorrhoea"). Treatment and follow-up recommendations are based on the STD treatment guidelines issued by the Center for Disease Control—many firstline UK treatments fail to be mentioned or are only presented in passing. Although the author aims to give particular advice on how best to collect and store specimens so as to maximise isolation rates these details are slipped into the text in an ad hoc manner. Even at the end of reading the whole book one is left wondering what the author would recommend as adequate screening in straightforward presentations of common illness.

The absence of any introduction or discussion of the scope of sexually transmitted diseases is an obvious omission. Important principles of practice such as screening for associated disease, contact tracing, and health education are only mentioned in passing. Although lists of differential diagnoses are offered for each causative agent no attempt is really made to discuss clinical problems on a syndrome basis. It is for all these reasons as well as its poor value that this book is particular unsuitable for anyone coming new to the subject.

R PATEL

Dermatology. By O Braun-Falco, G Plewig, H H Wolff, R K Winkelman. 1991. (Pp 1235, DM 340) Berlin: Springer-Verlag. ISBN 3-540-16672-6.

This is the English translation of a major German textbook. It covers classical dermatology plus venereology, proctology, allergies, photobiology etc. It is well illustrated with colour plates and very readable. Differential diagnoses are covered as well as treatment. One section which will be of particular interest to genitourinary physicians is the 13 page chapter on diseases of the glans penis and prepuce which ends with a one and a half page bibliography on those diseases.

Vulval disease, in contrast, is dealt with briefly in only four pages and the bibliography fails to mention Ridley's monograph on the subject. The coverage of sexually transmitted diseases is also relatively basic. For instance, in 14 pages on gonorrhoea there are only two sentences on penicillin resistance. Genitourinary physicians will nevertheless find this useful for its excellent coverage of general dermatology and for some of its coverage of dermatological aspects of genitourinary medicine.

C CARNE

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NOTICE

The Medical Society for the Study of Venereal Diseases Undergraduate Prize Regulations

A prize of £150·00 to be called the MSSVD UNDERGRADUATE PRIZE will be awarded annually by the MSSVD (provided an entry of a suitable standard is received).

Entries for the prize will take the form of a report written in English.

The subject of the report should be related to sexually transmitted disease, genitourinary medicine or HIV infection.

The report should concern original and unpublished observations made by the entrant. The report, which should not exceed 2000 words, should include an introduction to the subject, methods used to make the observations, findings and discussion. A summary of the report on a separate sheet should also be provided. Entries must be machine or type-written and double spaced on one side only of A4 paper. Three copies must be submitted.

The subject must be approved by a genitourinary physician to the entrant's medical school. The observation must be made before full registration. A winner may not enter for the Prize again. Each entry should be accompanied by a declaration that these conditions have been fulfilled.

Entries should be submitted to the Hon Secretary of the Medical Society for the Study of Venereal Diseases by 30 June each year. They will then be considered by the President, the Hon Secretary and the Hon Treasurer. When appropriate other experts may be consulted. These assessors will make recommendations to Council who will make the final decision concerning the Prize.

Entries must be submitted within 12 months of full registration or its equivalent.

Regulations are obtainable from the Hon Secretary MSSVD.

The assessors may ask the editor of an appropriate journal to consider an entry for publication. If so, it will be received for publication in the usual way.